

## HISTORY FACILITY PROFILE

EAST LAKE CARE CENTER PROVIDER #: 465119 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 1001 N 500 W PHONE NUMBER: (801) 377-9661 TOTAL: 223  
 PROVO UT 84601 PARTICIPATION DATE: 11/07/1988 CERTIFIED: 223 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/25/2001	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 223
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TOTAL: 82	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 33	SUSPENSION RESCINDED:	-- -- --
MEDICAID: 23		34 189
OTHER: 26		

CURRENT SURVEY REVISIT DATES - 08/27/2001

PRIOR 3 SURVEY 10/1998	S/S CODE	PRIOR 2 SURVEY 01/2000	S/S CODE	PRIOR 1 SURVEY 06/2001	S/S CODE	CURRENT SURVEY 07/25/2001	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E								REQ F0161-SURETY BOND OR OTHER ASSURANCE
		X		D					REQ F0240-FACILITY PROMOTES/ENHANCES QUALITY OF LIFE
X	E			X	E	X C	E	08/15/2001	REQ F0241-DIGNITY
				X	E				REQ F0258-COMFORTABLE SOUND LEVELS
X	E								REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	D								REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X		D		X C	G	08/02/2001	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
									REQ F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE
X	E			X	E				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	G					X C	G	08/02/2001	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
						X C	G	08/15/2001	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
						X C	K	08/01/2001	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
						X C	D	08/10/2001	REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
						X C	F	07/25/2001	REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
X	E			X	E				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
				X	F	X C	E	08/10/2001	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D				REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
				X	D				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	L	08/08/2001	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
						X C	L	08/15/2001	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

## EDITION OF LSC APPLIED

85 NEW	85 NEW	85 NEW	85 NEW
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT
SURVEY	SURVEY	SURVEY	SURVEY
10/1998	10/1999	06/2001	06/07/2001

PLAN/DATE  
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

X						K0018-CORRIDOR DOORS
	X					K0044-HORIZONTAL EXIT
		X		X P	07/20/2001	K0050-FIRE DRILLS
X			X	X C	07/20/2001	K0052-TESTING OF FIRE ALARM
			X	X C	08/22/2001	K0061-MAIN SPRINKLER CONTROL
			X	X C	07/20/2001	K0062-SPRINKLER SYSTEM MAINTENANCE
			X	X C	08/22/2001	K0070-SPACE HEATERS
	X	X	X	X C	07/20/2001	K0076-MEDICAL GAS SYSTEM
						K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	10	7	2	7
HEALTH TOTAL	10	7	2	7
LIFE SAFETY CODE	6	6	2	2
LIFE SAFETY CODE + HEALTH	16	13	4	9

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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02/28/2002	SUBSTANTIATED
07/25/2002	SUBSTANTIATED
09/17/2002	UNSUBSTANTIATED
10/22/2002	SUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT